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Bib Data Sheet

SERIAL NUMBER 09/619,142	FILING DATE 07/19/2000 RULE -	CLASS 424	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. Knowles/HairLoss
APPLICANTS W. Ray Knowles, Houston, TX ; ** CONTINUING DATA ***** none (W) ** FOREIGN APPLICATIONS ***** none (W)				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/06/2000 -				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Signature</u> Initials		STATE OR COUNTRY TX	SHEETS DRAWING -	TOTAL CLAIMS 22 INDEPENDENT CLAIMS 2
ADDRESS				
22925				
TITLE				
Hair loss prevention				
FILING FEE RECEIVED 726	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 1598

SEAL NUMBER 9/619,142	FILING DATE 07/19/2000 RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. Knowles/HairLoss
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APPLICANTS

W. Ray Knowles, Houston, TX;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

**9/06/2000

Foreign Priority claimed 35 USC 119 (a)-(d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY TX	SHEETS DRAWING	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 2
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

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 4TH FLOOR
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TITLE

Hair loss prevention

FILING FEE

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726

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<input type="checkbox"/> 1.18 Fees (Issue)
<input type="checkbox"/> Other _____